



Evidence from Our First Year

WomenLift Health, through support from the Bill & Melinda Gates Foundation, aims to accelerate the participation of women in health leadership around the world by investing in and elevating talented mid-career women to become health leaders. Towards this end, WomenLift encompasses a range of interventions that span the individual, organizational and societal levels.

WomenLift Health’s monitoring, evaluation, and learning plan provides continuous up-to-date evidence to guide the program. The plan encompasses a range of data collection and analysis practices to track indicators of activity progress and quality, such as composition of Leadership Journey applicants and accepted candidates, ratings of Leadership Journey Touchpoints and percent of women leaders engaged in the alumnae network; outcome indicators such as percent of women leaders with increased confidence in decision-making and increased span of control as a result of participating in the Leadership Journey; and context indicators, such as the percent of key health institutional leadership positions held by women. We also continuously learn from our partners with monthly meetings to reflect on recent activities, quarterly literature scans and facilitated dialogues on emerging contextual issues, and an annual strategic review. Finally, we conduct annual evaluations which add in-depth stakeholder interviews, surveys, and targeted literature reviews to these other data sources, synthesizing the progress and lessons learned from the year. This document summarizes the findings from the first such annual evaluation.

While many of WomenLift Health’s outcomes will take time to be realized, the initiative has had notable achievements in its first year of implementation despite the challenges created by the COVID-19 pandemic, including the creation of a nomination and application process, development of robust context-specific and adaptable Leadership Journey curriculum, engagement of over 20 high-level champions and influencers through the global advisory board, and establishment of 17 strategic partnerships.



EQ1: To what extent has the Leadership Journey training led to key leadership outcomes? (Individual Level)

Self Confidence

Consistently, women noted increases in their professional confidence because of the Leadership Journey.

Nominations: WomenLift Health asked global health organizations to nominate emerging women leaders for the Leadership Journey, leading some of the women to realize that their supervisors or other colleagues saw them as leaders even though they had not viewed themselves through that lens.

“I was nominated by the director. I was like, “Wow! You noticed my work!” because at [my organization], I’m kind of at the bottom of the structure.”

—Woman Leader
Cohort 1

“I think for me, the 360 was most helpful in terms of honestly silencing some of the insecurities that I had about how I was doing as a leader.”

—Woman Leader,
Cohort 1

Overcoming Insecurities: Women discussed how the open discussion in the Leadership Journey helped them feel more confident in their capabilities. Because they viewed their peers in the Leadership Journey as high achievers whose insecurities were unfounded, they were able to see their own uncertainties as similarly groundless.

One of the best parts of the cohort is the cohort itself and the confidence you get from the other people some of the people who are total rock stars have the same thoughts and worries that we do. “

—Woman Leader
Cohort 1

360 Assessments: Partner Center for Creative Leadership (CCL) uses 360 Assessments to have women self-assess themselves on key leadership domains as well as to gather feedback from the women’s colleagues on the same domains. Seeing how their colleagues scored them helped women see themselves in a more positive light: on average, colleagues rated the women more favorably across every category than they rated themselves, except work/life integration. This trend was most pronounced with executive image.

Evolving View of Leadership

Leadership touchpoint frameworks, coaching, and 360 feedback made the participants think about what they were already doing in new ways and become more aware of their actions at work through the lens of a leadership framework. These changes included seeing their own “influencing” style of leadership as “another way to lead” and recognizing that they were, in fact, already acting as leaders. Others spoke about how these tools and discussions gave them something new to aspire to, whether it was a clearer vision of the type of leader they wanted to be or a better assessment of the leadership style they wanted to embody.

In a survey with the first cohort, all respondents said that they had sought a greater leadership role for themselves in the past year. Many of these were to seek promotions, but women were also contributing to organizational strategic plans, spearheading working groups, and leading new projects.

“The small groups have been great for [connecting with each other]. The most valuable thing is knowing this could be a lifelong network, and then the cohort connections between countries is incredible. I can’t wait to get together in-person with this cohort.”

—Woman Leader, Cohort 1



Overall, women expressed a high level of satisfaction with the Leadership Journey²

Very Satisfied Somewhat Satisfied

Improved Supervisory Skills

Women described how the touchpoint frameworks influenced how they interacted with their direct reports or teams, particularly how this learning spurred them to empower their supervisees and actively work to create an enabling environment for their teams.

Thinking about power and influence from one session, such as tactics to use your power with supervisees and how to be inclusive and make them feel like it's a positive process. I'm trying to do it with [my team member] ...I've been exercising my leadership training with her.”

Woman Leader, Cohort 1

Differences in 360 Leadership Assessment Scores



“WomenLift Health gave me perspective on what leadership is at different levels...before, I always looked at it in a piecemeal way...most in those leadership positions didn’t have the inspiring leadership that I was looking for, managing [rather than] mentoring. How do you bring all of that together?”

That is the holistic leadership concept: inspire and lead rather than manage.”

—Woman Leader, Cohort 1

Connections Built

Women built strong connections through leadership touchpoint sessions, a WhatsApp group, and their mentoring groups, as well as one-on-one. Many were especially appreciative of the WhatsApp group as an informal, “unmonitored” space for interaction and exchanging resources.

The strength of the peer connections are leaving the respondents hungry for continued interaction after the Leadership Journey ends. They are working with the WomenLift Health team to design the alumnae network and have suggested follow-on activities such as alumnae involvement in future cohorts, WomenLift Health-organized updates on the cohort, developing an alumnae network that can “pay forward” the tools they’ve gathered, or follow up courses as possible activities.

¹ Note: no respondents chose the categories unsatisfied or very unsatisfied.

Impactful Elements of the Leadership Journey

- *Touchpoint Breakout sessions:* Women leaders especially valued the small group breakout sessions during the learning touchpoints, which enabled them to build connections, discuss the touchpoint content, and learn from each other.
- *Coaching:* Women effusively appreciated their coaching sessions as opportunities to systematically talk through challenges be held accountable for making changes. Common coaching topics included delegation and navigating organizational political dynamics.
- *Mentoring:* Mentoring groups of 3-5 women leaders matched with a mentor provided a space for women to have open, unstructured discussions about their careers, which they found provided a needed support system
- *Leadership project:* The first year of the program demonstrated that leadership projects best meet the dual goals of promoting health and gender equity and growing each women's own leadership skills when the project incorporates a stretch challenge into ongoing work. These projects cover:



Catalyzing
Institutional Change



Centering Women
and Girls in Health



Building Integrated and
Resilient Health Systems



Optimizing Pathways
to Leadership



EQ2: How have WomenLift Health alumnae and the WomenLift Health strategy influenced organizations to create a more enabling environment for women leaders? (Institutional Level)

Barriers within the workplace

The women respondents described environments where they and/or their female peers were sidelined due to race and gender dynamics and stereotypes. Some noted that their organizations have been resistant to meaningful engagement about their own internal race- and gender-related issues. Others reported environments akin to a "good old boys club," where women, and particularly women of color, were excluded (sometimes intentionally and sometimes unintentionally).

Some women leaders credited their coaches and leadership projects for prompting them to address or better navigate those barriers, including those who were using their leadership projects to help establish or advance DEI policies within their organizations.



Case Example: Catalyzing Institutional Change

One woman leader's leadership project focuses on simultaneously creating a strategic plan for enacting innovative global health initiatives while also integrating DEI and a supportive operational environment. So far, she and her team have identified strategic priorities, conducted a stakeholder analysis to enable them to navigate organizational dynamics, and integrated DEI into the team values and standard operating practices (such as recruitment). For this project, navigating organizational politics to garner broader buy-in to the initiatives is especially important; the woman leader is utilizing stakeholder analysis and other tools from WomenLift touchpoints and coaching to further this work.

Changes Made so Far

Women are spreading their learning, the first step in fostering another cadre of women leaders within their organizations. Early achievements include:

5 of the 23 Leadership Projects are specifically focused on effecting change within their organizations

65% of women leaders in the first cohort reported contributing to changes in policies or practices within their organizations over the past year (e.g., HR, DEI)

40% of the women contributing to changes in policies or practices said that these changes were related to their Leadership projects

94% reported that they had shared some of their learnings from the Leadership Journey with their colleagues (usually specific lessons, including slides and readings from the Touchpoints)



EQ3: How has overall WomenLift Health strategy contributed to the advancement of women leaders in the targeted countries/regions, including their visibility and their influence on health policy? (Societal Level)

Conferences and Events

The Women Leaders in Global Health (WLGH) Conference is WomenLift's most wide reaching activity, and in many ways, the public face of the program. WLGH, as well as the speaker series which convenes smaller groups for discussions on a more regular basis, reimagines leadership by elevating diverse voices on critical issues, contributing to the prominence of diverse role models.

Due to COVID-19, WomenLift Health adapted the 2020 WLGH conference to be

Panel Discussion; Women Leaders in Global Health Conference 2020



an entirely virtual event, which enabled a larger and more diverse audience to participate than may have been feasible for an in-person event that has multiple potential barriers to access such as travel, resources, time, and visas. More than 2,300 participants actively participated over the three-day event. In the post-conference feedback survey, 87% of respondents rated their experience of the event as excellent or very good, and early- and mid-career participants were both likely to rate the conference highly for building their personal leadership skills. The Gender & Power speaker series has filled a similar role and has had positive reviews from stakeholders, with the 2020 events reaching nearly 700 attendees.

At the WLGH Conference

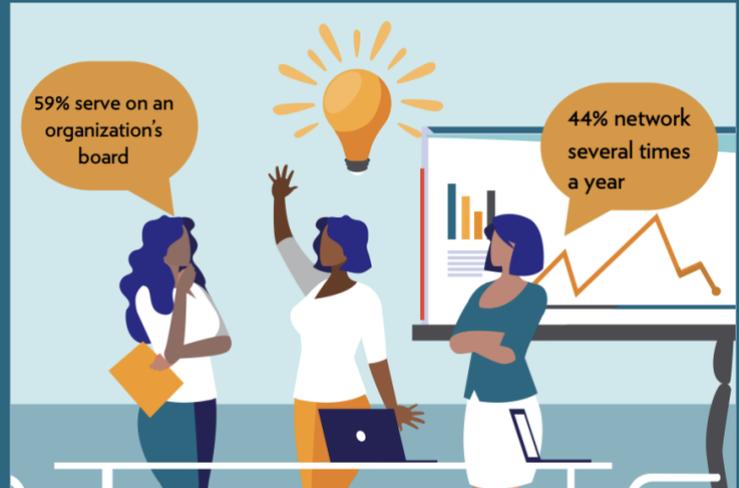
- 42% of speakers were based in Africa, and 35% based in Asia
- 23% of conference participants were based in Africa and 23% were based in Asia
- 88% of speakers were female-identifying
- 89% of participants were female-identifying

“The webinars and the annual conference that they did were just fabulous. That got the buzz out and ... the people they got on both as participants and attendees were amazing. [The conference] builds a cohort of women leaders and shapes the discourse and understanding of women's leadership at all levels.”

—WomenLift Health Board Member

Our first cohort of women leaders are active networkers and thought leaders, pursuing their own visibility and influence.

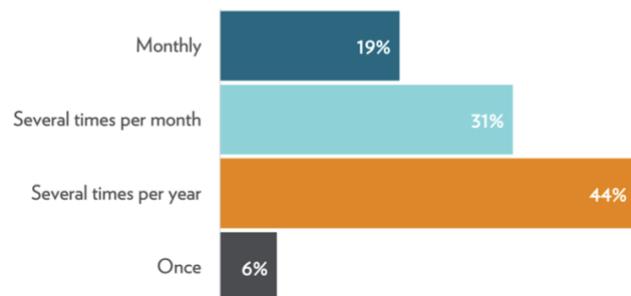
Cohort Visibility and Influence



Women are Influencing Global Health and Gender Equity through their Leadership Projects



Frequency of Participation in Professional Association Events



Learn More

Get the latest information on WomenLift Health's events, activities, and Leadership Journey online at womenlifthealth.org

[2020 Cohort](#)—[2021 Cohort](#)—[Conference](#)

